							— .		ODS FORM
1. Shipper / Consignor / Sender					ocumen			<del></del>	
			3 Page	1 0		 Pa	ges	4. Shipper's refe	erence
			1 290					5 Freight Forwa	urder's reference
6. Consignee	_ <del></del>	· <del></del>	7. Carri	er (to b	e comp	leted b	y the carrier	<u></u>	<del></del>
STATE PUBLIC HEALTH LABORATOR 307 W MCCARTY STREET JEFFERSON CITY, MO 65101		RY							
			SHIPPER'S DECLARATION  (hereby declare that the contents of this consignment are fully and accurately described below by the proper shipping name, and are classified, packaged, marked and labelled / placarded and are in all respects in proper condition for transport according to the applicable international and national governmental regulations.						
8. This shipment is within the limitations prescribed for: (Delete non-applicable)			9 Addi	ional h	andling	intorm	ation	<del></del>	
PASSENGER AND CARGO AIRCRAFT	CARGO AIRC	CRAFT ONLY							
10. Vessel / flight no. and date	11 Port / place of loa	ading							
12. Port / place of discharge	13 Destination		]						
14. Shipping marks	Number and kind of	packages; descriptio	on of good	fs	G	iross n	nass (kg)	Net mass	Cube (m3)
15. Container identification No./ vehicle registration No.	16 Seal number (s)		17. Con	tainer/	vehicle s	size & t	уре	18. Tare (kg)	19. Total gross mass (including tare) (kg)
	FIFICATE e have been packed/ e in accordance with the	21 RECEIVING OF Received the above unless stated hered	RGANIZA a number	TION F	RECEIP kages/c	T ontaine	ers/trailers in	apparent good or	(including tare) (kg)
CONTAINER/VEHICLE PACKING CERT I hereby declare that the goods described above loaded into the container/vehicle identified above applicable provisions of paragraph 5.4.2 MUST BE COMPLETED AND SIGNED FOR A CONTAINER/VEHICLE LOADS BY PERSON	FIFICATE e have been packed/ e in accordance with the	Received the above	RGANIZA a number	TION F	RECEIP kages/c	T ontaine	ers/trailers in DN REMARI	n apparent good or KS	(including tare) (kg)
Vehicle registration No.  CONTAINER/VEHICLE PACKING CERT I hereby declare that the goods described above loaded into the container/vehicle identified above applicable provisions of paragraph 5.4.2.  MUST BE COMPLETED AND SIGNED FOR A CONTAINER/VEHICLE LOADS BY PERSON RESPONSIBLE FOR PACKING/LOADING	FIFICATE e have been packed/ e in accordance with the	Received the above unless stated hereo	RGANIZA a number	TION F	RECEIP kages/c	T ontaine WZATIO	ers/trailers in DN REMARI 22. Name of	n apparent good or KS	(including tare) (kg)
CONTAINER/VEHICLE PACKING CERT I hereby declare that the goods described above loaded into the container/vehicle identified above applicable provisions of paragraph 5.4.2. MUST BE COMPLETED AND SIGNED FOR A CONTAINER/VEHICLE LOADS BY PERSON RESPONSIBLE FOR PACKING/LOADING  20. Name of company	FIFICATE e have been packed/ e in accordance with the	Received the above unless stated hered her	RGANIZA a number	TION F	RECEIP kages/c	T ontaine VIZATIO	ers/trailers in DN REMARI 22. Name of	company (OF SHIPP	(including tare) (kg)

 FOR DANGEROUS GOODS: you must specify: proper shipping name, hazard class, UN no., packing group (where ass and any other element of information required under applicable national and international regulations.